FEC	
FORM	1

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FEC FORM 1	ORGANIZATION SECRETARY OF THE SENATE 14 DEC 15 PM 2:01 Office Use Only	
NAME OF COMMITTEE (in	(Check if name Example: If typing, type is changed) Example: If typing, type 12FE4M5	
True North	PAC	لــــا
ADDRESS (number a	228 S Washington Street	
☐ (Check if is changed	Alexandria CITY STATE STATE ZIP CODE	
COMMITTEE'S E-MA	ADDRESS	
☐ (Check if is change	ldress jmiller@hdafec.com	لب
	Optional Second E-Mail Address	
COMMITTEE'S WEE	PAGE ADDRESS (URL)	
☐ ◀ (Check if is change	PAGE ADDRESS (URL) Idress	
2. DATE	∯ 2014	
3. FEC IDENTIFIC	ATION NUMBER > C	
4. IS THIS STATE	ENT NEW (N) OR AMENDED (A)	
I certify that I have	amined this Statement and to the best of my knowledge and belief it is true, correct and complete.	
Type or Print Name	Treasurer Uulia C. Miller	
Signature of Treasur	Jul 1. Mln Date [2] 69 20	14
NOTE: Submission of	alse, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.	. §437g.
Office Use Only	For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 06/2012)	l